Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity	
Clancy Elem						Jefferson		0452	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batusan al	omonton, on	d bigb saba	NO.					
	eu between ei	ementary ar	ia riigii scriot	י וכ					
Are you applying for	isolation statu	us? □ Yes	□ No		Stud	ent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	7	entivame	301001		Grade
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stud	ent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		Side	entivame	301001		Grade
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the		chi riame	Concor		Orado
		In	itials		Stud	ent Name	School		Grade
Elem District Approval HS District Approval		□ no □ no							Orado
County Approval		□ no				S CONTRACT IS FO les 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters
Cindy Kokoruda					Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters
					KINI	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home	. 4	h = = 1 / = = =	\		Kind	lergarten child ride	es with other school-	age students a	lso covered
Distance from home Elementary 9	to nearest sc HS 0	nooi (one wa	ay)		by tl	nis contract:	times per day, _	dav	s ner week
•			,		Тоо	r from School	times per day,	days	s per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kind	lergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week
					To o	r from School	times per day,	day:	s per week
□ Contract is for o	, ,				Dog	ıdlines:			
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sand original	to County Supt by Jul	ly 1 rotain a aa	ov for vour
	Total	Total	Total	Total	files.		to County Supt by Ju	iy i, ietalii a co	by for your
Regular Trans					COL	INTV SHIDEDINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	7 TO, TELAIIT A
Room & Board						RF	EIMBURSEMENT R	ΔTF	
							rict, county and OPI	—	
Correspondence									
Reg.						 Reimbi	ursement rate is deteri	mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
5p00. Eu. 00mm.									
Agreement between	parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name)			(County hereina	ofter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	cancad and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the distar	ice reported on the contract			
transported for the	past semester.	•	•		·	he information accompany	·	ander of days the Stu	aonii(a) was
This contract shall	terminate at the en	d of the school	ear or when the	student(s) is no long		ne information accompany nool, whichever occurs firs		T. 6.	
Elementary School I Clancy Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ie to Schoo	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Clancy Elem						Jefferson		0452
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement				
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	ial circumstand ne county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	no	itials			ent Name	School	Grade
County Approval Parent or Guardian N		no				CONTRACT IS FO es 1-12	<u>)R:</u>	
		e Fillit)			□ 1s	t Semester Only	☐ 2nd Semester Onl	y Both Semesters
Fred & Tami Pip Physical Address (str		only):				indergarten/Kinder t Semester Only		y Both Semesters
Distance from home Elementary 9.4 Distance from home Elementary 9.4 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if an	y (one way)	s contract. 9-12 Total	Kinde by the To or To or To or To or To or PARI	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)	
insured driver will tra In March and June, transported for the p The payment shall be This contract shall te Elementary School D	s: isport or provide t insport the studer he District shall past semester. e computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinafor and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	fter referred to or bus stop on the on for the distantation upon certification.	o as the District(s). ne days when school is in the reported on the contract	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was
Clancy Elem High School District		Chair, Boa	ard of Trustee	es				Date
			1	M4 W	torfor at t	- t		
Signature - Parent or 0	Suardian		I attest	tnat the above i	information is	s true and correct.	Date	
Signature - Parent Of C	oudi Uidii						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Clancy Elem						Jefferson		0452	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high scho	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	v □ Both Se	mesters
John Lake						•		,	
Physical Address (s	treet address	only):				kindergarten/Kinderg st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 8	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to b	be covered by thi	s contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	(10 rotain a
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	, 10, letaill a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement betweer	parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)			(County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	lian assures that a lid	censed and
	, the District shall p					nce reported on the contraction by the teacher or pr	ct actually occurs. Fincipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.		
Elementary School			ard of Truste			, , , , , , , , , , , , , , , , , , , ,		Date	
Clancy Elem High School District		Chair, Boa	ard of Truste	es				Date	
			1 =44 = -	t that the electric	information	in two and			
Signature - Parent or	Guardian		ı attes	ı ınaı ine above	iniormation	is true and correct.	Date		
griataro i arciit Or	- auraran						2410		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Clancy Elem					Jefferson		0452
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			•
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Student Nume	Concor	Grade
rates for special circun increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Public Instruction. (10. Check here only if incr	·	J	ŕ	pproved by the	Student Name	School	Grade
District Trustees and the		sportation Com			Ot death.	Oakaal	Overde
Elem District Approval HS District Approval	•	□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS F Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Julie Gilchrist Physical Address (s					Pre-kindergarten/Kinde		
Physical Address (s	lieet address	oriiy).			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home		hool (one wa	ay)		by this contract:	des <u>with</u> other school-a	ge students also covered
Elementary 9.1	HS 0				To or from Bus Stop To or from School	times per day, _ times per day	days per week
Distance from home Elementary 12.7	e to nearest bu HS 0	ıs stop, if any	y (one way)		Kindergarten child ric To or from Bus Stop	des <u>without</u> other scho	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to So	hool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					copy for your files.	:NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	
Correspondence					(For dis	strict, county and OPI	use only)
Reg. Contingency					Reim	bursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	naront (naro	at nama)			, and school district (dis	atriat nama)	
Agreement between	граген (раге	it name)					······································
(county name) The parties agree as follow				•	ter referred to as the District(s		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	or bus stop on the days when school is on for the distance reported on the contr	ract actually occurs.	
transported for the	past semester.		•		tion upon certification by the teacher or 42, MCA, and the information accompa	•	niber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y		student(s) is no longe	42, MCA, and the information accompa er enrolled in school, whichever occurs f		Date
Elementary School Clancy Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	information is true and correct		1
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620			County		Logal Entity		
Elementary District Responsible for Re	empursing the Contract		County		Legal Entity		
Clancy Elem	the fee Beliefe selection the Ocean		Jefferson		0452		
High School or K-12 District Responsib	ole for Reimbursing the Conf	ract	County		Legal Entity		
Is this contract shared between el ☐ yes ☐ no	ementary and high school	ol?					
Are you applying for isolation statu			Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A. provides for increased reir	mbursement		0000.	0.440		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to be must be reviewed and a sportation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment	due to isolation has been ap	proved by the	Student Name	School	Grade		
District Trustees and the County Trans	Initials		Student Name	School	Grade		
	□ no				Grade		
County Approval	□ no		THIS CONTRACT IS FO	OR:			
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Tina Johnson			Pre-kindergarten/Kinder	garten			
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester Onl	ly Both Semesters		
			KINDERGARTEN/PRE				
Distance from home to nearest so Elementary 10.4 HS 0	chool (one way)		by this contract: To or from Bus Stop	times per day, _	age students also covered days per week		
Distance from home to nearest but Elementary 4.9 HS 0	us stop, if any (one way)		Kindergarten child ride	es without other scho	days per week pol-age students: days per week days per week days per week		
☐ Contract is for one-way only			To or from School	times per day, _	days per week		
Students in Each Grade Level - Only include	the students to be covered by th	is contract.	Deadlines:				
Pre-K	K 1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.			
Total	Total Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans			COLINTY SUBERINTER	NDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.	ADEINIO: Ocha oligina	arto of r by odry 10, retain a		
Room & Board			RI	EIMBURSEMENT R	ATE		
Correspondence			(For dis	trict, county and OPI	use only)		
Reg. Contingency			Reimb	ursement rate is deterr	mined by		
Spec. Ed. Contin.				20-10-142, MCA.			
A consequent had some manage (manage	at mama)		and ask ask district (dist	wist mansa)			
Agreement between parent (parer	in name)		, and school district (dist	nct name)	······································		
(county name) The parties agree as follows:		County, hereinafte	er referred to as the District(s)				
 The parent shall transport or provide t 			r bus stop on the days when school is in for the distance reported on the contra		dian assures that a licensed and		
In March and June, the District shall p			on upon certification by the teacher or p		imber of days the student(s) was		
			2, MCA, and the information accompan				
Elementary School District	Chair, Board of Truste		enrolled in school, whichever occurs fire	St.	Date		
Clancy Elem High School District	Chair, Board of Truste	AC			Date		
I light ochool District	Chair, Duard Of Truste				Date		
	I attes	t that the above ir	formation is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	0-2501		Du	ie to School C	Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	ounty	L	Legal Entity
Whitehall Elem					.16	efferson		0453
High School or K-12 Di	istrict Responsi	ble for Reimbu	rsing the Con	tract		ounty		Legal Entity
Is this contract share □ yes □ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying for	isolation stat	us? 🗆 Yes	□ No		Student	Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation 20-10-142, MC) A, provides for	increased reir	mbursement	Olddoni	ranic	Contoon	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstant the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student	Name	School	Grade
Check here only if incre	·	J	·	proved by the	Student	Name	School	Grade
District Trustees and th		sportation Con	nmittee.	pproved by the				
Elem District Approval		□ no	itials 		Student	Name	School	Grade
HS District Approval County Approval		□ no				ONTRACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	se Print)			Grades □ 1st S		□ 2nd Semester Only	y Both Semesters
Carolyn Nelson					Pre-kind	dergarten/Kinderg	arten	
Physical Address (s	treet address	only):						y Both Semesters
						RGARTEN/PREK		
Distance from home Elementary 12.7	to nearest so HS 0	chool (one wa	ay)		by this To or fro	contract: om Bus Stop	times per day,	ge students also covered days per week
Distance from home Elementary 0	to nearest but HS 0	us stop, if an	y (one way)		To or fro Kinder	om School garten child rides	times per day, _ s without other scho	days per week ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				To or fro	om School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadl	ines: ITS: Due to Scho	ol Clark Jupa 1	
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLERK files.	S: Send original	to County Supt by July	y 1, retain a copy for your
Regular Trans					COUNT	V SHDEDINTENI	Send origina	l to OPI by July 10, retain a
Spec. Ed. Trans						your files.	DENTO: Send Origina	il to Of T by July To, Tetalif a
Room & Board							MBURSEMENT RA	
Correspondence						(For distri	ct, county and OPI	use only)
Reg.								
Contingency						Reimbu	rsement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							,	
Agreement between	parent (pare	nt name)			, and sc	hool district (distri	ct name)	,
(county name)				County, hereinaf	ter referred to a	as the District(s).		
	insport or provide							ian assures that a licensed and
In March and June, transported for the	the District shall	pay the parent th	e sum officially a	approved in the applica	ation upon certification	reported on the contract on by the teacher or pri	ncipal of the school of the nul	mber of days the student(s) was
The payment shall	be computed on t					nformation accompanying, whichever occurs first.	ng this contract.	
Elementary School I Whitehall Elem		_	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			Lattos	t that the above	information is to	rue and correct		
Signature - Parent or	Guardian		ı alles	נ נוומנ נוופ מטטעפ	iiiioiiiialioii iS l	iue and correct.	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 Di	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?	<u>'</u>				
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	one radino	Concor		Olddo
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	nstances of isola lual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School		Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School		Grade
Elem District Approval			tials		Stud	ent Name	School		Grade
HS District Approval	□ yes □	no			тыс	CONTRACT IS FO	ND.		
County Approval Parent or Guardian		no			Grad	les 1-12	<u> </u>		
	rtamo: (i load	0 1 mm,			□ 1:	st Semester Only	□ 2nd Semester Onl	ly ☐ Both Sem	iesters
Don Bernard Physical Address (st	treet address	only).				kindergarten/Kinder		b	
1 Hysical Address (s	ii cci addi css	Orliy).			1:	st Semester Only	☐ 2nd Semester Onl	ly 🗆 Both Sem	iesters
Distance from home Elementary 18 Distance from home Elementary 4 Contract is for or Students in Each Grade Lee	HS 0 e to nearest bu HS 0 ne-way only	s stop, if an	y (one way)	s contract.	Kinc by th To o To o Kinc To o To o	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop	times per day, times	days days pol-age students days	per week per week s: per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original	to County Supt by Jul	lv 1 retain a copy	v for vour
Regular Trans					files.			,, .,	, ,
Spec. Ed. Trans						INTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board							EIMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name)				County hereins	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lice	ensed and
insured driver will tr	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the distar	ice reported on the contract			
transported for the 3. The payment shall	past semester. be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and t	he information accompany	ring this contract.	,	
	terminate at the en	d of the school y		student(s) is no long		nool, whichever occurs firs		Date	
Whitehall Élem		,							
High School District		Chair, Boa	ard of Truste	es 				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attack			□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum	20-10-142, MCA	A, provides for					
increased rates, individe trustees of the district,	dual circumstand the county trans	ces must be re- sportation com-	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Public Instruction. (10.	·	J	·		Student Name	School	Grade
Check here only if incre District Trustees and the		sportation Com		oproved by the			
Elem District Approval HS District Approval		□ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Garry & Linda L Physical Address (s	aRue	only):			Pre-kindergarten/Kinde		
Friysical Address (s	lieet address	Offiy).			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
					KINDERGARTEN/PRE Kindergarten child ric	<u>:KINDERGARTEN</u> : les with other school-a	ge students also covered
Distance from home Elementary 1.2	e to nearest so HS 0	chool (one wa	ıy)		by this contract:		days per week
Distance from home	to nearest bu	ıs stop if anv	(one way)		To or from School	times per day,times per day,	days per week ol-age students:
Elementary 0	HS 0		(====,		To or from Bus Stop	times per day, _	days per week days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sci	hool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans	Total	. o.u.		- Total	files.	ar to County Cupt by Jui	y 1, retain a copy for your
Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	\TE
						strict, county and OPI	
Correspondence							
Reg. Contingency					Reim	bursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and school district (dis	strict name)	,
(county name)	-1			County, hereinaff	ter referred to as the District(s).	
	ansport or provide				or bus stop on the days when school is on for the distance reported on the contr		ian assures that a licensed and
In March and June transported for the	, the District shall p	pay the parent the	sum officially a	approved in the applica	ition upon certification by the teacher or	principal of the school of the nur	mber of days the student(s) was
 The payment shall This contract shall 	be computed on the terminate at the er	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information accompains enrolled in school, whichever occurs fi		
Elementary School Whitehall Elem	District	Chair, Boa	rd of Truste	es			Date
High School District		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and correct	·	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 a, MT 59620	-2501			e to School (
Elementary District Resp	oonsible for Re	imbursing the	Contract		C	ounty	<u> </u>	Legal Entity
Whitehall Elem					J	efferson		0453
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	tract	C	ounty		Legal Entity
Is this contract shared ☐ yes ☐ no	d between ele	ementary an	d high school	ol?				
Are you applying for i (If yes, please attach ISOLATION: Section 20	explanation)		□ No		Studen	t Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isolar al circumstance ne county trans	tion of resident es must be resportation com	ice. In order to viewed and appoint the mittee, and the mittee.	o receive oproved by the	Studen	t Name	School	Grade
Check here only if increa District Trustees and the	ased payment o	due to isolation	n has been ap	pproved by the	Studen	t Name	School	Grade
Elem District Approval		no	tials		Studen	t Name	School	Grade
HS District Approval County Approval	,	no no				ONTRACT IS FO	PR:	
Parent or Guardian N	lame: (Please	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Hope Traynor					Pre-kin	dergarten/Kinderg	garten	
Physical Address (str	eet address o	only):			□ 1st S	Semester Only	☐ 2nd Semester Only	√ □ Both Semesters
Distance from home telementary 3.5 Distance from home telementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans	HS 0 to nearest bu HS 0 e-way only	s stop, if any	/ (one way)	is contract. 9-12 Total	Kinder by this To or fr To or fr Kinder To or fr To or fr To Application CLERK files. COUNT	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School Ilines: JTS: Due to Scho Send original	times per day,times per day,s without other schootimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week ol-age students: days per week 1, retain a copy for your
Room & Board Correspondence							IMBURSEMENT RA	
Reg. Contingency Spec. Ed. Contin.						Reimbu	ursement rate is determ 20-10-142, MCA.	nined by
				1				
Agreement between	parent (paren	nt name)			, and so	chool district (distr	ict name)	
(county name) The parties agree as follows 1. The parent shall tran insured driver will tra 2. In March and June, t transported for the pi The payment shall b	: sport or provide tr nsport the studen he District shall pr ast semester. e computed on th	ransportation for its. Mileage con ay the parent the basis of the so	the student(s) to tracts are valid of e sum officially a	County, hereinaf o and from the school only when transportation approved in the application and in Section 20-10-1	referred to or bus stop on the on for the distance ation upon certificati	as the District(s). days when school is in reported on the contract	session. The parent or guardi t actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and inber of days the student(s) was
Elementary School D Whitehall Elem			ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above	information is t	true and correct.		
Signature - Parent or G	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Helena, MT 59620	-2501		Dı	ue to Schoo	Clerk June 1			
Elementary District Responsible for Re	imbursing the C	ontract			County		Legal Entity	
Whitehall Elem					Jefferson		0453	
High School or K-12 District Responsib	le for Reimburs	ing the Contr	act		County		Legal Entity	
Is this contract shared between el □ yes □ no	ementary and	high schoo	l?	<u> </u>			-	
Are you applying for isolation statu		□ No		Stude	nt Name	School		Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for in	creased reim	bursement	1		3011301		Orado
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence es must be revieus portation comm	e. In order to ewed and app ittee, and the	receive proved by the	Stude	nt Name	School		Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation	has been app	proved by the	Stude	nt Name	School		Grade
	Initia			Stude	nt Name	School		Grade
HS District Approval ☐ yes	no			TUIC	CONTRACT IS FO	ND.		
County Approval yes Parent or Guardian Name: (Please	no			Grade	es 1-12	<u> </u>		
,	011			☐ 1st	Semester Only	□ 2nd Semester On	ly ☐ Both Se	mesters
Jennifer Hoerauf Physical Address (street address	oulv).				indergarten/Kinder		b	
1 Trysteat Address (street address	orny).			☐ 1S	Semester Only	□ 2nd Semester On	ly ⊔ Both Se	mesters
Distance from home to nearest so Elementary 9 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans	Kinde by th To or To or Kinde To or To or Dead PARE files. COUI	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho EKS: Send original ENTY SUPERINTEN for your files.	times per day,	day: day: col-age studen: day: day: ly 1, retain a col	s per week s per week ts: s per week s per week			
Room & Board						EIMBURSEMENT R rict, county and OP	—	
Correspondence					(. 5. 4.60	,, and or		
Reg. Contingency Spec. Ed. Contin.					Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the desired of the computed on the desired of the past semester. 4. This contract shall terminate at the end.	ransportation for thats. Mileage contralay the parent the safe basis of the sche	ne student(s) to acts are valid or sum officially ap	and from the schoo nly when transportat proved in the applic ed in Section 20-10-	offter referred to of or bus stop on the distance of the dista	te reported on the contract action by the teacher or particle. e information accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nuring this contract.		
Elementary School District	Chair, Board			gor emoneu m sch	ooi, willenevel occurs IIIs	u.	Date	
Whitehall Elem High School District	Chair, Board	d of Trustee	es				Date	
		I attest	that the above	information is	s true and correct.			
Signature - Parent or Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?	<u>'</u>			<u> </u>	
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attac	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	one radino	Concor		Craao
rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School		Grade
Public Instruction. (10.) Check here only if incomplished Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School		Grade
		In	itials		Stud	ent Name	School		Grade
Elem District Approval HS District Approval	□ yes □	no			тин	CONTRACT IS FO	ND.		
County Approval Parent or Guardian		no			Grad	les 1-12			
	riamo: (i lodo	0 1 mm,			□ 19	st Semester Only	 2nd Semester Onl 	ly ☐ Both Ser	nesters
Lisa Schmidt Physical Address (s	treet address	only):				kindergarten/Kinder	garten □ 2nd Semester Onl	lv □ Roth Ser	maetare
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 37				•		iy 🗆 Botii Sei	Hesters
Distance from home Elementary 14 Distance from home Elementary .3	HS 0				Kind by th To o To o Kind	nis contract: r from Bus Stop r from School lergarten child ride	kindergarten: es with other school-a times per day, times per day, es without other scho times per day,	days days	per week per week s:
□ Contract is for o	ne-way only				Тоо	r from School	times per day,	days	per week
Students in Each Grade Le	, ,	the students to b	ne covered by thi	s contract.	Dea	idlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		I to County Supt by Jul	ly 1, retain a cop	y for your
Regular Trans									
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board							EIMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	l use only)	
Reg.						Daimb.		anima al la co	
Contingency						Reillibi	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name)			(County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and
In March and June.	, the District shall p					ice reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stud	lent(s) was
	be computed on th					he information accompany			
Elementary School			ear or when the ard of Truste		yer enrolled in sci	nool, whichever occurs firs	t.	Date	
Whitehall Elem High School District		Chair Boa	ard of Truste	es				Date	
3011001 2101101		J. Idii, 1500							
			l attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian		_				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
Nicole & Tyler S	South				Pro	kindergarten/Kinderg	rarten	•	
Physical Address (s		only):					☐ 2nd Semester Onl	y 🗆 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 8	e to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per dav.	_	
Distance from home Elementary .3	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	per week
Students in Each Grade Le		the students to b	ne covered by thi	is contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
Decodes Trees	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbu	ursement rate is deterr	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	<u> </u>	1		<u>'</u>					
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)				County hereina	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	lian assures that a lic	censed and
In March and June,	, the District shall p					nce reported on the contract fication by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
transported for the 3. The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and	the information accompany	ing this contract.		
Elementary School			ard of Truste		gor emonea in St	ondor, windriever occurs firs	t.	Date	
Whitehall Elem High School District		Chair, Boa	ard of Truste	es				Date	
-									
Signature Desert	Guardian		I attes	t that the above	information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Debrick Responsible for Reimbursing the Contract County Legal Entity	Helena, MT 596	20-2501		Due to Schoo	l Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Responsible for	Reimbursing the Co	ntract		County		Legal Entity
Is this contract shared between elementary and high school? yes	Whitehall Flem				Jefferson		0453
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Regular Trans Spec. Ed. Conting. Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District (district name) Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District (district name) Regular Trans Regular Trans Spec. Ed. Conting. Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Regular Trans Room &		sible for Reimbursin	g the Contract				
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Regular Trans Spec. Ed. Conting. Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District (district name) Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District (district name) Regular Trans Regular Trans Spec. Ed. Conting. Regular Trans Room & Board Correspondence Reg. County name) County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Room & Room & Board Correspondence Reg. County hereinefler referred to as the District(s) Regilar trans Regular Trans Regular Trans Room &							
Student Name School Grade THIS CONTRACT IS FOR: Student Na		elementary and h	nigh school?	<u> </u>			
Student Name			□ No	Stude	ent Name	School	Grade
Student Name School Grade Student Name School Grade	(If yes, please attach explanation ISOLATION: Section 20-10-142, M	n) CA, provides for inc	reased reimbursement			3333.	3.443
Student Name School Grade	rates for special circumstances of is increased rates, individual circumsta trustees of the district, the county tra	olation of residence. Inces must be reviev Insportation commit	In order to receive wed and approved by the tee, and the Office of	Stude	ent Name	School	Grade
Elem Districk Approval	Check here only if increased payme	nt due to isolation ha	as been approved by the	Stude	ent Name	School	Grade
Parent or Guardian Name: (Please Print)		□ no	S 				Grade
Rich & Lonna Johnson Physical Address (street address only): Pre-kindergarten/kindergarten						<u>)R:</u>	
Physical Address (street address only): Stance from home to nearest school (one way) Istance from home to nearest subus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest bus stop, if any (one way) Istance from home to nearest school stop times per day, days per week Istance from home to nearest school stop times per day, days per week Istance from home to nearest school stop times per day, days per week Istance from home to nearest school school stop times per day, days per week Istance from home to nearest school	Parent or Guardian Name: (Pie	ase Print)		☐ 1s	t Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Distance from home to nearest school (one way) Elementary 15		s only):					/ □ Both Semesters
County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Distance from home to nearest Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only inclu Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	bus stop, if any (or de the students to be or K Total	one way) overed by this contract. 1-8 9-12 Total Total	Kind by th To or To or Kind To or To or PARI CLEF files. COU copy	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE	times per day,times p	days per week days per week col-age students: days per week
I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or provious insured driver will transport the stu 2. In March and June, the District shat transported for the past semester. 3. The payment shall be computed of this contract shall terminate at the Elementary School District	le transportation for the dents. Mileage contrac Il pay the parent the su the basis of the sched end of the school year	County, herei student(s) to and from the sc ts are valid only when transport m officially approved in the ap- tule established in Section 20- or when the student(s) is no I	inafter referred the shool or bus stop on the distantion for the distantion upon certification upon certification.	to as the District(s). The days when school is in the contraction by the teacher or properties information accompany	session. The parent or guardict actually occurs. rincipal of the school of the numering this contract.	an assures that a licensed and nber of days the student(s) was
		Chair, Board	of Trustees				Date
			I attest that the abo	ove information i	s true and correct.		1
	Signature - Parent or Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	MT 59620-	-2501		Du	e to School	ol Clerk June 1		
Elementary District Respo	nsible for Rei	imbursing the	Contract			County		Legal Entity
Whitehall Elem						Jefferson		0453
High School or K-12 Distri	ict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?				•
Are you applying for iso		ıs? □ Yes	□ No		Stud	ent Name	School	Grade
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142, MCA	, provides for	increased rein	nbursement	0.00		00.100.	5.445
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	ances of isolat I circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if increas District Trustees and the 0	ed payment o	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval		no	itials		Stud	ent Name	School	Grade
HS District Approval County Approval	,	no no				CONTRACT IS FO	DR:	
Parent or Guardian Na	me: (Please	e Print)				es 1-12 st Semester Only	□ 2nd Semester Only	y Both Semesters
Vicki Chandler					Pre-	kindergarten/Kinder	rarten	
Physical Address (stree	et address o	only):						y □ Both Semesters
						DERGARTEN/PREM		
Distance from home to Elementary 6.5	nearest sch HS 0	hool (one wa	ay)		by tl To o	nis contract: r from Bus Stop	times per day,	ge students also covered days per week
Distance from home to Elementary 0	s stop, if an	y (one way)		Kind	ergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week	
□ Contract is for one-	way only				100	Trom School	times per day, _	days per week
Students in Each Grade Level	- Only include t	the students to I	be covered by this	s contract.	Dea	dlines: ENTS: Due to Scho	aal Clark Juna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						for your files.	IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement between pa	arent (paren	nt name)			, and	school district (distr	rict name)	
(county name)			(County hereinaf	ter referred	to as the District(s).		
The parties agree as follows:	ort or provide tr	ransportation for		-			session. The parent or quardi	ian assures that a licensed and
In March and June, the	District shall pa					ce reported on the contraction by the teacher or pro-		mber of days the student(s) was
	computed on the					ne information accompany		
4. This contract shall term Elementary School Dis			year or when the ard of Trustee		er enrolled in sc	nool, whichever occurs firs	t.	Date
Whitehall Élem High School District		Chair Bos	ard of Truste	20				Date
riigii Scriooi District		Chair, Bu	and or Truster					Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or Gu	ardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to School	Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Montana City El	em					Jefferson		0460			
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>						
Are you applying for			□ No		Stude	nt Name	School		Grade		
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	1		2011001		Orado		
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stude	nt Name	School		Grade		
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School		Grade		
Elem District Approval			itials		Stude	Student Name School Grade					
HS District Approval	□ yes □	no			THIS CONTRACT IS FOR:						
County Approval Parent or Guardian		no			THIS CONTRACT IS FOR: Grades 1-12						
	rtamo: (r road	0 1 mm,			☐ 1st	Semester Only	□ 2nd Semester On	lly ☐ Both Se	mesters		
Ann Seifert Physical Address (s	treet address	only):				ndergarten/Kinder Semester Only	garten □ 2nd Semester On	ıly □ Both Se	mesters		
					KIND	ERGARTEN/PREI	KINDERGARTEN:				
Distance from home Elementary 4.1	to nearest sc HS 0	hool (one wa	ay)		by th i To or	s contract: from Bus Stop	es <u>with</u> other school- times per day,	dav	s per week		
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kinde To or	rgarten child ride from Bus Stop	times per day, es <u>without</u> other scho times per day, times per day,	ool-age studen day:	s per week		
☐ Contract is for or	ne-way only				10 01		times per day,	uay	s per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dead	dlines: NTS: Due to Sch	ool Clork June 1				
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by Ju	ıly 1, retain a co _l	py for your		
Regular Trans											
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origin	al to OPI by July	/ 10, retain a		
Room & Board							IMBURSEMENT R				
Correspondence						(For dist	rict, county and OP	I use only)			
Reg.											
Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by			
Spec. Ed. Contin.											
Agreement between	n parent (parer	nt name)			, and s	school district (dist	rict name)		······································		
(county name)			(County, hereina	ifter referred to	as the District(s).					
The parties agree as follow		ransportation for		•		` '	session. The parent or guar	rdian assures that a li	censed and		
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid o	only when transporta	tion for the distance	e reported on the contra					
	be computed on th					information accompany					
4. This contract shall Elementary School			year or when the ard of Truste		ger enrolled in scho	ool, whichever occurs firs	st.	Date			
Montana City Elem		,									
High School District		Chair, Boa	ard of Truste	es 				Date			
			I attest	that the above	information is	true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Montana City El	em					Jefferson		0460	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	mbursement	1				
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Deborah Niehof					Pre-	kindergarten/Kinderg	narten		
Physical Address (s	treet address	only):					2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 6	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To	or from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
Decules Trees	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbu	ursement rate is deterr	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	<u> </u>	'		<u>'</u>					
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		·,
(county name)				County, hereina	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lie	censed and
In March and June	, the District shall p					nce reported on the contract fication by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
transported for the 3. The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and	the information accompany	ing this contract.		
Elementary School			ard of Truste		gor omoneu in St	MOOI, WINGIEVEL OCCUIS IIIS	L.	Date	
Montana City Elem High School District		Chair, Boa	ard of Truste	es				Date	
Signatura Parent	Guardian		I attes	t that the above	information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Montana City El	em					Jefferson		0460			
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade		
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Joan Higgins-Sr					Pre-	kindergarten/Kinder	parten				
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Se	mesters		
						DERGARTEN/PRE					
Distance from home Elementary 3.6	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_			
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:		
·					To d	or from School	times per day, _ times per day, _	days	s per week		
☐ Contract is for o	• •	the students to b	be covered by thi	is contract.	Dea	adlines:					
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cor	by for your		
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a		
Spec. Ed. Trans						for your files.					
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						Paimhi Paimhi	ursement rate is detern	nined by			
Contingency Spec. Ed. Contin.						Reimbo	20-10-142, MCA.	Timed by			
5,000. Ed. 00mm.											
Agreement betweer	ı parent (pareı	nt name)			, and	d school district (distr	ict name)		,,		
(county name) The parties agree as follow	vs:			County, hereina	after referred	to as the District(s).					
The parent shall tra insured driver will t	ensport or provide to ransport the studer	nts. Mileage con	tracts are valid o	only when transporta	ation for the dista	nce reported on the contract					
transported for the	past semester.	•	•				incipal of the school of the nu	mber of days the stu	dent(s) was		
This contract shall	terminate at the er	d of the school y	ear or when the	student(s) is no long	ger enrolled in so	the information accompany chool, whichever occurs firs	ing tins contract. t.	Data			
Elementary School Montana City Elem			ard of Truste					Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			l attes	t that the above	e information	is true and correct.		·			
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Schoo	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Montana City Ele	⊃m					Jefferson		0460
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	. provides for	increased rein	nbursement	Otado	in ivaine	GCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials		Stude	nt Name	School	Grade
County Approval	□ yes □	no				CONTRACT IS FO es 1-12	OR:	
Parent or Guardian I	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters
Julie Cooper Physical Address (st	reet address	only):				ndergarten/Kinderg : Semester Only		y □ Both Semesters
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 se-way only	s stop, if an	y (one way) De covered by this Total	9-12 Total	Kinde by th To or To or Kinde To or To or PARE files. COUI copy	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho EKS: Send original ENTY SUPERINTEN for your files. Reimbu	times per day, times	days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the payment	s: nsport or provide t ansport the studer the District shall past semester. be computed on th erminate at the en	ransportation for the substitution for the parent the basis of the substitution of the substitution for the substi	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	or bus stop on tron for the distance ation upon certification.	o as the District(s). e days when school is in e reported on the contract	et actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			1 - 44 - 4	that the above	informatics !	true and ac		
Signature - Parent or	Guardian		ı attest	triat the above i	information is	s true and correct.	Date	
orginature - Parent Or	Guardiali						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 ı, MT 59620	-2501		Du	ie to Schoo	l Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract		County			Legal Entity	
Montana City Ele	m					Jefferson		0460	
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared □ yes □ no	l between el	ementary ar	nd high school	ol?	<u>'</u>				
Are you applying for is			□ No		Stud	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	Olda	SHE HAINS	Concor	Grade	
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	ent Name	School	Grade	į
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	!
	□ yes □	no	itials			ent Name	School	Grade	!
County Approval Parent or Guardian N		no				CONTRACT IS FO es 1-12	<u>)K:</u>		
	ame. (Flease	e Fillit)			□ 19	t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Karen Ferguson Physical Address (stre	eet address	only):				kindergarten/Kinderç et Semester Only		/ □ Both Semesters	
Distance from home to Elementary 3.5 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 o nearest bu HS 0 e-way only	s stop, if an	y (one way)	s contract. 9-12 Total	Kind by th To or To or Kind To or To or Dea PAR CLE files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to School NTY SUPERINTEN for your files. RE (For disti	times per day, times per day, times per day, swithout other school times per day, tool Clerk June 1.	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain ATE use only)	
insured driver will trar 2. In March and June, the transported for the part of the part of the payment shall be	sport or provide to sport the studer ne District shall p sts semester. computed on the minate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred or bus stop on ton for the distantation upon certifitation.	to as the District(s). the days when school is in the centered on the contract	et actually occurs. incipal of the school of the nun ing this contract.	ian assures that a licensed and inber of days the student(s) was	.,
High School District		Chair, Boa	ard of Truste	es				Date	
		1	Lattest	that the above	information	s true and correct.		<u> </u>	_
Signature - Parent or G	uardian		, 411001				Date		_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620)-2501		Du	e to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
Montana City Ele	em				Jefferson		0460
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA) A, provides for	increased rein	mbursement			0.540
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade
Check here only if incre	·	, ,	,	proved by the	Student Name	School	Grade
District Trustees and th		sportation Con	nmittee.	proved by the			
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Kay Bills-Kazimi					Pre-kindergarten/Kinde	rgarten	
Physical Address (st	reet address	only):			☐ 1st Semester Only		y Both Semesters
					KINDERGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 4	to nearest so	chool (one wa	ay)		by this contract:		age students also covered days per week days per week
Distance from home Elementary 0	to nearest bu	us stop, if an	y (one way)		Kindergarten child rid To or from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for or	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	oe covered by thi	is contract.	Deadlines:	101.1.1	
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	1001 Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send original files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NDENTO Conductivio	olde ODI by July 40 metels a
Spec. Ed. Trans					copy for your files.	NDEN 15: Send origina	al to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	ATF
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	oursement rate is deterr	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	<u> </u>	<u>'</u>					
Agreement between	parent (parei	nt name)			, and school district (dis	trict name)	
(county namo)	. "	/			ter referred to as the District(s)	,	
(county name) The parties agree as follow		transportation for		•	or bus stop on the days when school is i		tian assures that a licensed and
insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the contra ation upon certification by the teacher or p	act actually occurs.	
transported for the p 3. The payment shall I	oast semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accompan	ying this contract.	
4. This contract shall t Elementary School [erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occurs fir	st.	Date
Montana City Elem	20.00	·					
High School District		Chair, Boa	ard of Truste	es 			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Dι	ie to School Clerk June	: 1	
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Montana City Ele	em				Jefferson		0460
High School or K-12 Di	strict Responsit	ole for Reimbu	ırsing the Con	tract	County		Legal Entity
Is this contract share	ed between el	ementary ar	nd high scho	ol?	<u> </u>		
Are you applying for	isolation state	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation)	nrovides for	increased rei	mhursement	Student Name	School	Grade
rates for special circum	stances of isola	ation of resider	nce. In order t	to receive	Student Name	School	Grade
increased rates, individ trustees of the district, t	the county trans	sportation com	mittee, and th			3333.	0.440
Public Instruction. (10.7	·	Ţ.	ŕ		Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the			
Elem District Approval	□ ves	□ no	itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no			THIS CONTRACT	IS FOR:	
Parent or Guardian I					Grades 1-12		Dette Occasion
Kally Jahnaan	,	,			□ 1st Semester O	only 2nd Semester Onl	y Both Semesters
Kelly Johnson Physical Address (st	treet address	only):			Pre-kindergarten/k	Kindergarten enly □ 2nd Semester Onl	v □ Roth Samesters
, ,		3,				-	y botti bemesters
						<u>/PREKINDERGARTEN</u> : ld rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 3.1	to nearest so	thool (one w	ay)		by this contract:		_
·					To or from School	times per day, _ times per day, _	days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten chil	ld rides without other scho	ool-age students:
•					To or from School	times per day, _ times per day, _	days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to	he covered by th	is contract	Deadlines:		
Stadonio in Eddin Grado Ed			,		PARENTS: Due to	o School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send o	riginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.	, , ,	
· ·						INTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						REIMBURSEMENT RA	· · · <u> </u>
Correspondence					(Fo	or district, county and OPI	use only)
Reg.							
Contingency					F	Reimbursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						, -	
Agreement between	parent (parei	nt name)			, and school distric	t (district name)	,
(county name)				County hereinat	ter referred to as the Distr	rict(e)	
The parties agree as follow		transportation fo		•		not(s).	tian assures that a licensed and
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid	only when transportat	on for the distance reported on the		
transported for the	past semester.	•	•		142, MCA, and the information acc		
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, whichever oc		Date
Montana City Elem	J1311101	,					
High School District		Chair, Boa	ard of Truste	es			Date
		1	I attes	t that the above	information is true and co	rrect.	1
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	-	Legal Entity
Montana City Ele	em				Jefferson		0460
High School or K-12 Dis	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary ar	nd high schoo	ol?	· · · · · · · · · · · · · · · · · · ·		
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			0.540
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade
Check here only if incre	·	, ,	ŕ	uproved by the	Student Name	School	Grade
District Trustees and the		sportation Con	nmittee.	proved by the			
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Marty & Michelle	Tuttle				Pre-kindergarten/Kinde	rgarten	•
Physical Address (st	reet address	only):					y Both Semesters
					KINDERGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 3.1	to nearest so	chool (one wa	ay)		Kindergarten child ric	les <u>with</u> other school-	age students also covered days per week days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kindergarten child ric To or from Bus Stop	les <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for on	e-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	is contract.	Deadlines:	le e al Olamba leve e 4	
	Pre-K	K	1-8	9-12	PARENTS: Due to Sci		
	Total	Total	Total	Total	CLERKS: Send original files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NDENTS: Count origina	ol to ODI bus bulo 40 mateira a
Spec. Ed. Trans					copy for your files.	NDENIS: Sena origina	al to OPI by July 10, retain a
Room & Board					R	EIMBURSEMENT RA	ATE
Correspondence						strict, county and OPI	
_							
Reg. Contingency					Reim	oursement rate is deterr	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	l	· ·					
Agreement between	parent (pare	nt name)			, and school district (dis	trict name)	
(county namo)	. "	/			ter referred to as the District(s	,	
(county name) The parties agree as follows		transportation for		•	or bus stop on the days when school is	•	lian accurae that a licensed and
insured driver will tra	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the contration upon certification by the teacher or	act actually occurs.	
transported for the p	ast semester.		•		142, MCA, and the information accompa		
4. This contract shall to Elementary School D	erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occurs fi	rst.	Date
Montana City Elem		·					
High School District		Cnair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County		Legal Entity			
Montana City El	em					Jefferson		0460			
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>			<u>'</u>			
Are you applying for			□ No		Stude	ent Name	School		Grade		
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	on Hamo	3011301		Grado		
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of resider ces must be re sportation com	nce. In order to viewed and appointment of the mittee, and the	o receive oproved by the	Stude	ent Name	School		Grade		
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School		Grade		
		In	itials		Stude	Student Name School Grade					
Elem District Approval HS District Approval	□ yes □	□ no			THIS CONTRACT IS FOR:						
County Approval Parent or Guardian		no			Grad	THIS CONTRACT IS FOR: Grades 1-12					
	rtamo: (r road	0 1 mm,			☐ 1s	t Semester Only	□ 2nd Semester On	ly ☐ Both Se	mesters		
Patti Glueckert Physical Address (s	treet address	only).				indergarten/Kinder					
1 Hysical Address (s	ticci addicas	Offig).			☐ ☐ 1S	t Semester Only	□ 2nd Semester On	ly □ Both Se	mesters		
Distance from home Elementary 3.8 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)		Kind by th To or To or Kind To or To or	is contract: from Bus Stop from School ergarten child ride	kinder Garten: s with other school- times per day, times per day, s without other scho times per day, times per day, times per day,	dayı dayı bol-age studen dayı	s per week s per week ts: s per week		
Students in Each Grade Le		the students to t	be covered by thi		PAR	ENTS: Due to Sch	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEI files.	CLERKS: Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July	y 10, retain a		
·					оору		IMPLIDOEMENT D	ATE			
Room & Board							EIMBURSEMENT R rict, county and OP	—			
Correspondence											
Reg. Contingency						Reimb	ursement rate is determent 20-10-142, MCA.	mined by			
Spec. Ed. Contin.											
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,		
(county name)			(County, hereina	after referred	to as the District(s).					
	ansport or provide t						session. The parent or guar	dian assures that a li	censed and		
In March and June,	, the District shall p					ce reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stu	ident(s) was		
	be computed on th					ne information accompany					
4. This contract shall Elementary School			year or when the ard of Truste		ger enrolled in sch	ool, whichever occurs firs	it.	Date			
Montana Čity Elem High School District		Chair Box	ard of Truste	96				Date			
Tilgii School District		Criali, DO	ard or Truste					Date			
			I attes	that the above	information i	s true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County		Legal Entity		
Montana City El	em				١,	Jefferson		0460		
High School or K-12 D	istrict Responsil	ble for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	lementary an	d high school	ol?						
Are you applying for			□ No		Stude	nt Name	School	Grade		
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			C 0 C 0.	0.000		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	lual circumstand the county trans	ces must be resportation com	viewed and apmittee, and the	proved by the	Stude	nt Name	School	Grade		
Check here only if incre	·	, ,	·	proved by the	Stude	nt Name	School	Grade		
District Trustees and th		sportation Com		proved by the						
Elem District Approval HS District Approval		□ no			Stude	nt Name	School	Grade		
County Approval	□ yes	□ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Patty Kautz					Pre-ki	ndergarten/Kinder	garten			
Physical Address (s	treet address	only):						ly Doth Semesters		
					KINDI	ERGARTEN/PREI	KINDERGARTEN:			
Distance from home Elementary 3.5	to nearest so	chool (one wa	ay)		by thi	s contract:		age students also covered days per week		
Distance from home Elementary 0	to nearest bu	us stop, if any	(one way)		To or Kinde	from School rgarten child ride	times per day, _ es <u>without</u> other scho	days per week		
□ Contract is for o	ne-way only				To or	from School	times per day,	days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dead	<u>llines:</u>				
	Pre-K	K	1-8	9-12	PARE	NTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLER files.	KS: Send origina	to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans						ITY CUDEDINTEN	IDENTS: Conderiging	al to ODI by July 10, retain a		
Spec. Ed. Trans						or your files.	IDENTS. Send ongina	al to OPI by July 10, retain a		
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	ruse only)		
Reg. Contingency						Reimb	ursement rate is deterr	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
A					d .		i -			
Agreement betweer	i parent (pare	nt name)				school district (dist	,			
(county name) The parties agree as follow				3 ,		as the District(s).				
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid o	only when transportati	ion for the distanc	e reported on the contra	ct actually occurs.	dian assures that a licensed and		
transported for the	past semester.	•	•			ation by the teacher or p	•	ımber of days the student(s) was		
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date		
Montana City Elem		,								
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information is	true and correct.		·		
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 ia, MT 59620	-2501		Di	ue to School (Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		С	ounty		Legal Entity	
Montana City Ele	em				J	efferson		0460	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract	С	ounty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between ele	ementary an	d high school	ol?					
Are you applying for	isolation statu	ıs? □ Yes	□ No		Studon	t Name	School		Grade
(If yes, please attach ISOLATION: Section 2	explanation)	. provides for	increased reir	mbursement	Studen	it Name	School		Grade
rates for special circum increased rates, individual	stances of isola	tion of resider	nce. In order t	o receive	Studen	t Name	School		Grade
trustees of the district, t Public Instruction. (10.7	the county trans	portation com	mittee, and the						
Check here only if increased payment due to isolation has been approved by the				Studen	t Name	School		Grade	
District Trustees and th	e County Trans	portation Com	mittee. itials		04	4 NI	Oaleaal		Ozzada
Elem District Approval HS District Approval		no no				t Name	School		Grade
County Approval	□ yes □	no			THIS C Grades	CONTRACT IS FO 3 1-12	<u>'R:</u>		
Parent or Guardian I	vame: (Please	e Print)			☐ 1st \$	Semester Only	□ 2nd Semester Only	y □ Both Se	mesters
Vicki Gleich Physical Address (street address only):					dergarten/Kinder		- B # 0		
i ilysicai Addiess (st	icci addicss	5111 y).				Ť	□ 2nd Semester Only	y □ Both Se	mesters
					<u>KINDE</u> Kinder	RGARTEN/PREM	<u>(INDERGARTEN</u> : s <u>with</u> other school-a	ige students a	Iso covered
Distance from home Elementary 3.5	to nearest sc	hool (one wa	ay)		by this	contract:		_	
•		a atan if an	, (and way)		To or fr	om School	times per day,times per day,	day:	s per week
Distance from home Elementary 3.5	HS 0	s stop, ii ari	y (one way)		Kinder To or fr	garten child ride om Bus Stop	s <u>without</u> other school times per day, _ times per day, _	ol-age studen day:	ts: s per week
□ Contract is for or	ne-way only				To or fr	rom School	times per day, _	day	s per week
Students in Each Grade Le	vel - Only include	the students to b	be covered by thi	is contract.	Dead				
	Pre-K	К	1-8	9-12		NTS: Due to Scho			
	Total	Total	Total	Total	CLERM files.	(S: Send original	to County Supt by July	y 1, retain a co _l	by for your
Regular Trans						TV SUDEDINITEN	DENTS: Send original	I to ODI by July	, 10 rotain a
Spec. Ed. Trans						or your files.	DENTS. Send ongina	r to OFT by July	7 TO, TELAIIT A
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimbu	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement between	parent (parer	nt name)			, and so	chool district (distr	ict name)		·,
(county name)				County, hereinat	fter referred to	as the District(s).			
	nsport or provide t					days when school is in reported on the contract	session. The parent or guardi	ian assures that a li	censed and
In March and June, transported for the p	the District shall p	ay the parent the	e sum officially a	pproved in the applica	ation upon certificat	tion by the teacher or pr	incipal of the school of the nun	mber of days the stu	dent(s) was
 The payment shall to the payment shall to	be computed on th					information accompany I, whichever occurs firs			
Elementary School I Montana City Elem	District	e end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Chair, Board of Trustees Date							
High School District		Chair, Boa	ard of Truste	es				Date	
		l	I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

	<u> </u>		4	1	_
- ((.n	n	rrs	act	I

PO Box 202501 Helena, MT 59620-	-2501	Due					
Elementary District Responsible for Rei	imbursing the Contrac	et	Coun	ty	<u> </u>	Legal Entity	
Montana City Elem			Jeff	erson		0460	
High School or K-12 District Responsib	le for Reimbursing the	e Contract	Coun			Legal Entity	
Jefferson H S			Jeff	erson		0457	
Is this contract shared between ele	ementary and high	school?					
Are you applying for isolation statu (If yes, please attach explanation)	ıs? □ Yes □ N	lo	Student Na	ame	School	Grade	
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isolat							
increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM provi	es must be reviewed portation committee,	and approved by the and the Office of	Student Na	ame	School	Grade	
Check here only if increased payment of	due to isolation has be	,	Student Na	ame	School	Grade	
District Trustees and the County Transp	portation Committee. Initials		Student Na		School	Grade	
HS District Approval ☐ yes ☐	no no no			ITRACT IS FOR:	School	Grade	
County Approval		_	Grades 1-	12	0-10	Dette Occasion	
Barbara Kamerzel	·		□ 1st Sen	nester Only	2nd Semester Only	☐ Both Semesters	
Physical Address (street address of	only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
				·	·	a Bour Composition	
			KINDERG Kindergar	ARTEN/PREKIND ten child rides w	<u>DERGARTEN:</u> <u>ith</u> other school-ag	ge students also covered	
Distance from home to nearest sch Elementary 0 HS 0	nool (one way)		by this co	ntract:	_	days per week	
•			To or from	School	times per day,	days per week	
Distance from home to nearest bus Elementary 0 HS 4	s stop, if any (one	way)	Kindergar To or from	ten child rides w Bus Stop	ithout other schoo times per day	I-age students: days per week	
☐ Contract is for one-way only			To or from	School	times per day,	days per week	
Students in Each Grade Level - Only include t	he students to be covere	d by this contract.	Deadlin	es:			
Pre-K	K 1-8	9-12	PARENTS	: Due to School C	Clerk June 1.		
Total	Total Tot		CLERKS: files.	Send original to 0	County Supt by July	1, retain a copy for your	
Regular Trans			COLINTY	SUBEDINTENDE	NTS: Sand original	to OPI by July 10, retain a	
Spec. Ed. Trans			copy for yo		N13. Send onginal	to OFI by July 10, retain a	
Room & Board					BURSEMENT RA		
Correspondence				(For district,	county and OPI u	ise only)	
Reg.				Reimburse:	ment rate is determi	 ned by	
Contingency Spec. Ed. Contin.					20-10-142, MCA.		
Spool 24: 35:11							
Agreement between parent (paren	t name)		, and school	ol district (district n	name)	,	
(county name)		County, hereinafter	referred to as	the District(s).			
The parties agree as follows: 1. The parent shall transport or provide transport of provide transport the students.						n assures that a licensed and	
insured driver will transport the studen 2. In March and June, the District shall patransported for the past semester.						ber of days the student(s) was	
 The payment shall be computed on the This contract shall terminate at the end 					nis contract.		
Elementary School District	Chair, Board of T					Date	
Montana City Elem High School District	Chair, Board of T	rustees				Date	
Jefferson H S						= =	

I attest that the above information is true and correct. Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Helen	a, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u>.</u>	Legal Entity
Montana City Ele	≏m					Jefferson		0460
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Jefferson H S						Jefferson		0457
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MC <i>P</i>	A. provides for	increased rein	nbursement			3033.	3.445
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	lent Name	School	Grade
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stuc	lent Name	School	Grade
District Trustees and th		Ini	itials		Stuc	lent Name	School	Grade
Elem District Approval HS District Approval		□ no □ no						Orado
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>PR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)					□ 2nd Semester Only	☐ Both Semesters
John Ballantyne					Pre-	kindergarten/Kinderg	parten	
Physical Address (street address only):						☐ 2nd Semester Only	☐ Both Semesters	
					KIN	DERGARTEN/PREK	INDERGARTEN.	
Distance from home Elementary 0	to nearest so	hool (one wa	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	s with other school-age times per day,	days per week
Distance from home Elementary 0	to nearest bu HS 2.6	ıs stop, if anı	y (one way)		To c	r from Bus Stop	times per day,	days per week ol-age students: days per week days per week
Contract is for or	e-way only				100		times per day,	days per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines: ENTS: Due to Scho	ad Clark June 1	
	Pre-K	K	1-8	9-12	PAR	ENIS: Due to Scho	ooi Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by July	1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	DENTS: Send original	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For distr	rict, county and OPI	use only)
Reg.								
Contingency						Reimbu	rsement rate is determ 20-10-142, MCA.	ined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parei	nt name)			, and	I school district (distr	ict name)	,
(county name)			(County hereinaf	ter referred	to as the District(s).		
The parties agree as follow		ransportation for		•		` '	session. The parent or guardia	an accurac that a licensed and
insured driver will tr	ansport the studer	nts. Mileage con	tracts are valid of	only when transportati	on for the dista	nce reported on the contrac	t actually occurs.	an assures that a licensed and
transported for the p	ast semester.		•		•	the information accompany	·	,
 This contract shall t 	erminate at the er	d of the school y	ear or when the	student(s) is no longe		hool, whichever occurs first		Data
Elementary School I Montana City Elem	วเอนาน์ใ	Chair, Boa	ard of Truste					Date
High School District Jefferson H S		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Du	e to School Clerk	June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract		County		Legal Entity	
•		· ·			Jeffers	con	0460	
Montana City El High School or K-12 Di	erri strict Responsib	ole for Reimbur	sing the Cont	ract	County	5011	Legal Entity	
Jefferson H S					Jeffers	son	0457	
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No					
(If yes, please attach	n explanation)				Student Nam	e School	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstanc the county trans	tion of residences must be revenued.	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Nam	e School	Grade	
Check here only if incre	eck here only if increased payment due to isolation has been approved by the trict Trustees and the County Transportation Committee.				Student Nam	e School	Grade	
	·	Init	ials		Student Nam	e School	Grade	
Elem District Approval HS District Approval	□ yes □	no					0.440	
County Approval Parent or Guardian		no			Grades 1-12	RACT IS FOR:		
	rvanic. (i icasi	C 1 1111t)			☐ 1st Semes	ster Only 2nd Seme	ster Only Both Semesters	
Kristi Staley Physical Address (street address only):						rten/Kindergarten	eten Oulv	
i ilyolodi / iddi oco (o	aroot address	o y /.				•	ster Only Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 4.3 to nearest bu HS 3.5 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kindergarter by this contr To or from Bu To or from Bu To or from Bu To or from So To or from So Deadlines PARENTS: 1 CLERKS: So files.	ract: Is Stop times per Is Stop times per Is Child rides without oth Is Stop times per Is Stop	days per week da	
Spec. Ed. Contin.						20-10-142,	MCA.	
Agreement between (county name) The parties agree as follow	Agreement between parent (parent name), and school district (district name), (county name)County, hereinafter referred to as the District(s).							
insured driver will tr 2. In March and June, transported for the 3. The payment shall	ransport the studer the District shall p past semester. be computed on the	nts. Mileage cont ay the parent the se basis of the sch	racts are valid of sum officially a nedule establish	only when transportation pproved in the application section 20-10-14	on for the distance reported tion upon certification by the	on the contract actually occurs. the teacher or principal of the school on accompanying this contract.	nt or guardian assures that a licensed and of the number of days the student(s) was	
Elementary School I Montana City Elem			rd of Truste				Date	
High School District Jefferson H S		Chair, Boa	rd of Truste	es			Date	
CONCIDENTIAL OF			I attest	t that the above i	nformation is true ar	nd correct.		
Signature - Parent or	Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT	59620-2501		Du	e to School Clerk June 1		
Elementary District Responsib	le for Reimbursing the	e Contract		County		Legal Entity
Montana City Elem				Jefferson		0460
High School or K-12 District Re	esponsible for Reimb	ursing the Cont	ract	County		Legal Entity
Jefferson H S				Jefferson		0457
Is this contract shared betv ☐ yes ☐ no	veen elementary a	nd high schoo	ol?			
Are you applying for isolation (If yes, please attach expla	nation)			Student Name	School	Grade
rates for special circumstances increased rates, individual circumstees of the district, the courts.	42, MCA, provides fo s of isolation of reside umstances must be renty transportation cor	ence. In order to eviewed and ap nmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased p	olic Instruction. (10.7.116 ARM provides guidelines for such.) eck here only if increased payment due to isolation has been approved by the crict Trustees and the County Transportation Committee.				School	Grade
Elem District Approval	Ir s	nitials		Student Name THIS CONTRACT IS F	School	Grade
County Approval				Grades 1-12		□ Both Semesters
Lisa Gleich Physical Address (street ad	ddress only):			Pre-kindergarten/Kinde	·	
, , ,	,,			KINDERGARTEN/PRE	·	- Dotti Semesters
Distance from home to nea Elementary 0 HS Distance from home to nea Elementary 0 HS 6	5 5.8 rest bus stop, if ar	• /		Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid	es with other school-age times per day, times per day, times per day, es without other school	days per week days per week days per week ol-age students: days per week
□ Contract is for one-way	-				times per day,	days per week days per week
Students in Each Grade Level - Onl	y include the students to	be covered by thi	s contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.	
Pre To		1-8 Total	9-12 Total			1, retain a copy for your
Regular Trans				COUNTY SUPERINTE	NDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans				copy for your files.		
Room & Board				' '	EIMBURSEMENT RA trict, county and OPI (·· —
Correspondence Reg.						
Contingency Spec. Ed. Contin.				Reimb	oursement rate is determ 20-10-142, MCA.	ined by
opec. Lu. Contin.						
Agreement between paren	t (parent name)			, and school district (dis	trict name)	, , , , , , , , , , , , , , , , , , , ,
(county name)		(County, hereinaft	er referred to as the District(s)	 L	
The parties agree as follows:	provide transportation for		-	or bus stop on the days when school is i		an assures that a licensed and
insured driver will transport	he students. Mileage co	ntracts are valid o	only when transportation	on for the distance reported on the contra tion upon certification by the teacher or	act actually occurs.	
transported for the past sem 3. The payment shall be comp	ester. uted on the basis of the s	schedule establish	ed in Section 20-10-1	42, MCA, and the information accompan	lying this contract.	. , ,
 This contract shall terminate Elementary School District 		year or when the ard of Truste		r enrolled in school, whichever occurs fir	st.	Date
Montana Čity Elem High School District	Chair, Bo	ard of Truste	es			Date
Jefferson H S		Lattoo	that the above i	nformation is true and correct.		
Signature - Parent or Guardi	an	i alles	t that the above I	mormation is true and coffect.	Date	
and the contract of the						

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Helena, MT 59	620-2501		Due to Scho	ol Clerk June 1		
Elementary District Responsible for	or Reimbursing the C	ontract		County	•	Legal Entity
Montana City Elem				Jefferson		0460
High School or K-12 District Respo	onsible for Reimburs	ing the Contract		County		Legal Entity
Jefferson H S				Jefferson		0457
Is this contract shared betwee ☐ yes ☐ no	n elementary and	high school?				
Are you applying for isolation (If yes, please attach explanat	ion)	□ No		dent Name	School	Grade
ISOLATION: Section 20-10-142, rates for special circumstances of increased rates, individual circums trustees of the district, the county the Public Instruction. (10.7.116 ARM)	isolation of residence stances must be revieus transportation comm	e. In order to receive ewed and approved ittee, and the Office	ve Stud	dent Name	School	Grade
Check here only if increased paym District Trustees and the County T	nent due to isolation	nas been approved	Student Studen	dent Name	School	Grade
Elem District Approval yes HS District Approval yes County Approval yes				dent Name	School OR:	Grade
Parent or Guardian Name: (Pl			Gra	des 1-12 st Semester Only		□ Both Semesters
Marianne Krpan			Dro	kindorgarton/Kindor	norton	
Physical Address (street addre	ess only):			-kindergarten/Kinderg st Semester Only	garten 2nd Semester Only	□ Both Semesters
Distance from home to neares Elementary 0 HS 5.2 Distance from home to neares Elementary 0 HS 0 Contract is for one-way on Students in Each Grade Level - Only inc Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	et school (one way 2 et bus stop, if any (covered by this contra	ct. De: PAR 12 tal CLE files	DERGARTEN/PREM dergarten child ride his contract: or from Bus Stop or from Bus Stop or from Bus Stop or from School addines: RENTS: Due to Scho ERKS: Send original or for your files. RENTENTENTENTEN OF THE PREMITTEN	times per day,	days per week
Agreement between parent (p. (county name) The parties agree as follows: 1. The parent shall transport or proinsured driver will transport the stransported for the past semeste 3. The payment shall be computed 4. This contract shall terminate at the Elementary School District Montana City Elem High School District Jefferson H S	vide transportation for the tudents. Mileage contrained pay the parent the sr. on the basis of the schele end of the school year Chair, Board	ne student(s) to and fro nots are valid only whe um officially approved edule established in Se	y, hereinafter referred om the school or bus stop on n transportation for the dista in the application upon cert ection 20-10-142, MCA, and	the days when school is in nee reported on the contract fication by the teacher or protection by the teacher or pro-	session. The parent or guardia t actually occurs. rincipal of the school of the num ring this contract.	
OCHEISUH I I O		l attest that t	he above information	is true and correct		
Signature - Parent or Guardian					Date	
					i i	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract		С	County	1	Legal Entity
Montana City Ele	em				J	efferson		0460
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Jefferson H S					J	efferson		0457
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?				
Are you applying for (If yes, please attach			□ No		Studer	nt Name	School	Grade
ISOLATION: Section 2	0-10-142, MCA	, provides for						
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
Elem District Approval	-		itials		Studer	nt Name	School	Grade
HS District Approval	□ yes □	□ no			THIS C	CONTRACT IS FO	R:	
Parent or Guardian N					Grades	s 1-12	□ 2nd Semester Only	□ Dath Camastara
Mary Ann Farma	ıkos					,	í	☐ Both Semesters
Physical Address (street address only):					ndergarten/Kinderg Semester Only	parten □ 2nd Semester Only	□ Both Semesters	
					KINDE	RGARTEN/PREK	INDERGARTEN:	
Distance from home Elementary 0	to nearest sc HS 4.4	hool (one w	ay)		Kinder by this	garten child ride	s <u>with</u> other school-ag	ge students also covered days per week days per week
Distance from home Elementary 0	to nearest bu HS 3.6	is stop, if an	y (one way)		Kinde To or f	rgarten child ride rom Bus Stop	s <u>without</u> other schoo times per day,	l-age students: days per week
□ Contract is for on	e-way only				10 OF T	rom School	times per day,	days per week
Students in Each Grade Lev	vel - Only include	the students to I	e covered by thi	s contract.		Iines: NTS: Due to Scho	ool Clark Jupa 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERI			1, retain a copy for your
Regular Trans					files.	TV CUDEDINTEN	DENTS: Cond original	to ODI have balled 40 matrices
Spec. Ed. Trans						or your files.	DENTS: Send onginar	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For distr	ict, county and OPI ι	ise only)
Reg.						Reimbi.	rsement rate is determi	 ined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and s	chool district (distr	ict name)	,
(county name) The parties agree as follows	 S:			County, hereinaf	ter referred to	as the District(s).		
 The parent shall transingured driver will transition. 	nsport or provide t ansport the studer	nts. Mileage cor	ntracts are valid o	only when transportation	on for the distance	reported on the contrac		
transported for the p	ast semester.		•				ncipal of the school of the num	ber of days the student(s) was
 This contract shall to 	erminate at the en	d of the school	ear or when the	student(s) is no longe	42, MCA, and the er enrolled in school	information accompanyi ol, whichever occurs first	ng this contract.	- ·
Elementary School D Montana City Elem	District	Chair, Boa	ard of Truste	es				Date
High School District Jefferson H S		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Helen	a, MT 59620	-2501		Du	ie to Schoo	l Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u>.</u>	Legal Entity
Montana City Ele	≏m					Jefferson		0460
High School or K-12 Di	strict Responsit	ole for Reimbur	rsing the Cont	ract		County		Legal Entity
Jefferson H S						Jefferson		0457
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased reir	mbursement			3333.	0.440
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc the county trans	tion of resident es must be resportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatior	n has been ap	proved by the	Stude	ent Name	School	Grade
		Init	tials		Stude	ent Name	School	Grade
Elem District Approval HS District Approval		□ no □ no			Studi	ent Name	301001	Grade
County Approval	□ yes	no				CONTRACT IS FO es 1-12	<u>R:</u>	
Parent or Guardian I	Name: (Pleas	e Print)					□ 2nd Semester Only	□ Both Semesters
Rebecca Johnso	on				Pro l	indergarten/Kinderg	aarton	
Physical Address (street address only):							☐ 2nd Semester Only	□ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 5.2 to nearest but HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	KINE Kind by th To or To or Kind To or To or PAR CLEI files.	ERGARTEN/PREK ergarten child ride is contract: from Bus Stop from School gregarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For distr	index per day, times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week
insured driver will tr 2. In March and June, transported for the p 3. The payment shall I 4. This contract shall I	s: nsport or provide t ansport the studer the District shall p past semester. De computed on the erminate at the en	ransportation for its. Mileage confi ay the parent the ite basis of the sc d of the school y	the student(s) to tracts are valid of sum officially a hedule establish ear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	fter referred or bus stop on to for the distantation upon certifity.	ce reported on the contrac	session. The parent or guardia t actually occurs. incipal of the school of the numing this contract.	an assures that a licensed and other of days the student(s) was
Elementary School I Montana City Elem	District	Chair, Boa	rd of Truste	es				Date
High School District Jefferson H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ie to School	Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract		(County	-	Legal Entity
Montana City El	em					Jefferson		0460
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Jefferson H S						Jefferson		0457
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for (If yes, please attach			□ No		Stude	nt Name	School	Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for						
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval	-		itials		Stude	nt Name	School	Grade
HS District Approval County Approval	□ yes □	no			THIS	CONTRACT IS FO	R:	
Parent or Guardian					Grade	s 1-12	 □ 2nd Semester Only	□ Both Semesters
Susan Weinert						,	ŕ	Doin Semesters
Physical Address (street address only):					ndergarten/Kinderg Semester Only	jarten □ 2nd Semester Only	□ Both Semesters	
					KINDI	ERGARTEN/PREK	INDERGARTEN:	
Distance from home to nearest school (one way) Elementary 0 HS 6.5					Kinde by thi	rgarten child ride s contract:	s <u>with</u> other school-a	ge students also covered days per week days per week
Distance from home Elementary 0	to nearest bu	s stop, if an	y (one way)		Kinde To or t	rgarten child ride from Bus Stop	s <u>without</u> other schoo times per day,	ol-age students: days per week
□ Contract is for or	ne-way only				10 01	irom School	times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by the	is contract.		dlines: NTS: Due to Scho	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER			1, retain a copy for your
Regular Trans					files.	ITV OUDEDINITEN	DENTO O and administrati	to ODI has halo 40 matein a
Spec. Ed. Trans					copy f	or your files.	DENTS: Send original	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For distr	ict, county and OPI (use only)
Reg.						Reimh	rsement rate is determ	ined by
Contingency Spec. Ed. Contin.						T Cirribe	20-10-142, MCA.	med by
opoo. La. comm.								
Agreement between	parent (parer	nt name)			, and s	school district (distr	ict name)	,
(county name) The parties agree as follow	ie.			County, hereinaf	fter referred to	as the District(s).		
 The parent shall tra 	nsport or provide t					e days when school is in e reported on the contrac	session. The parent or guardia	an assures that a licensed and
	the District shall p							ber of days the student(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-1	142, MCA, and the	e information accompanyi	ng this contract.	
Elementary School I Montana City Elem			ard of Truste					Date
High School District Jefferson H S		Chair, Boa	ard of Truste	es				Date
ociiciouii II o		1	Lattes	t that the above	information is	true and correct.		<u> </u>
Signature - Parent or	Guardian		. 41103				Date	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1

Co		

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Montana City Elem	Jefferson	0460
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Jefferson H S	Jefferson	0457
la this contract chared between elementary and high school?		

Montana City Elem						Jefferson	0460		
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity	
Jefferson H S						Jefferson		0457	
ls this contract shared between elementary and high school? □ yes □ no									
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement					Stud	ent Name	School	Grade	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of					Stud	ent Name	School	Grade	
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	ent Name	School	Grade	
Elem District Approval yes no Initials HS District Approval yes no County Approval yes no					THIS	ent Name	School OR:	Grade	
Parent or Guardian Name: (Please Print)						Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
William C. Klonzia									
Physical Address (street address only):						Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest sc HS 5.8 to nearest bu HS 5 ne-way only	hool (one w	y (one way)		KINI Kind by th To o To o To o Dea PAR CLE files.	DERGARTEN/PREJ lergarten child ride nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina INTY SUPERINTEN r for your files. RE	times per day,	days per week T, retain a copy for your to OPI by July 10, retain a	
Agreement between parent (parent name), and school district (district name),									
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studer the District shall poast semester. be computed on the erminate at the en	nts. Mileage cor ay the parent th e basis of the so d of the school	r the student(s) intracts are valid e sum officially a	to and from the scho only when transport approved in the app hed in Section 20-1 e student(s) is no lor	ool or bus stop on tation for the distar dication upon certif 0-142, MCA, and t	nce reported on the contra	session. The parent or guardia t actually occurs. rincipal of the school of the num ring this contract.		
High School District Chair, Board of Trustees Jefferson H S								Date	
I attest that the above information is true and correct.									
Signature - Parent or Guardian							Date		
Address, City, Zip Code							Phone Number		